## Received Oxnard City Clerk

## 2017 JAN 31 PM 4: 33

Statement of C Recipient Com	-				Date Stamp		FORNIA 410
Statement Type	Sand Ithius Count			tion — See Part 5			For Official Use Only
	Not yet qualified \( \square\) or	List I.D. number:	List I.D. numbe " 138923				
		# <u>1389232</u>	. # <u>130923</u>				
	annument leasurement between	maximismosis of neuronasiscensel emissionismos	1 /30	<u> 17  </u>			
	Date qualified as committee	Date qualified as committee (#applicable)	Date of Te	rmination			
1. Committee In	formation		1	. Treasurer and Ot	her Principal Officers		
Genevieve Flor	es-Haro for Oxnard C	Sade Flores-Hai	ro				
				STREET ADDRESS (NO P.O. BOX)			elektura ilgan er kantala katoo in dagaan erida erusa sasa sasa sahaya katala ergi kajing ekkisand hala d
				1937 Lago Lane			
STREET ADDRESS (NO P.O.	·		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
1937 Lago Lane				Oxnard	CA	93036	8053512010
Oxnard	STATE CA 93	ZIP CODE AREA COD 8036 805351	•	NAME OF ASSISTANT TREASURER,	, IF ANY		
MAILING ADDRESS (IF DIF		VJO 0VJJJ 1	2010	STREET ADDRESS (NO P.O. BOX)	erper apprecial graves a summer presentante por entiretivo velibris concentividad terro Net	тей утті тіттеті такон по тетре тетре те	омерина компения и при при при при при при при при при п
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FAX / E-MAIL ADDRESS				CITY	STATE	ZIP CODE	AREA CODE/PHONE
gfh4occ@gmail			ming and support of the support of t	Associate material contract and the composition of the contract and co			
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)			
Ventura County City of Oxnard				STREET ADDRESS (NO P.O. BOX)		-cocommunication	
				STREET HOUSESS (NO F.O. BOX)			
	<i>m</i>			CILA	STATE	ZIP CODE	AREA CODE/PHONE
Attach additional ii	nformation on appropriately	/ labeled continuation she	ets.				
3. Verification					Control of the State of the Sta		
I have used all re	asonable diligence in prepa				ion contained herein is tr	ue and comp	ete. I certify under
penalty of perjur	y under the laws of the Stat	e of California that the fo	regoing is true a	nd correct.			
Executed on 1/30			Suppl	+		night white laces the surgeon makes consume	
Everyted on 1/30	DATE		SIGNATURE OF	TREASURER OR ASSISTANT TREASUR	ER		
Executed on 1/30	DATE	SIGNATU	RE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT	Helicia de la compositiva della compositiva dell	
Executed on	Ву		1000				
	DATE	SIGNATU	RE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE M	IEASURE PROPONENT		
Executed on	By						

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Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE					CALIFORNIA 4 FORM 4	10
COMMITTEE NAME Genevieve Flores-Haro	NUMBER 189232					
<ul> <li>All committees must list the financial institution where the campaign ban</li> </ul>	k accoun	t is located.				
NAME OF FINANCIAL INSTITUTION	AREA CO	DE/PHONE	BANK ACCOUN	VT NUMBER		
Rabobank	8052	2401440	REDA	ACTED	ganger construction and construction of the co	
ADDRESS	CITY		STATE	ZIP CODE	<u> </u>	
155 A St	Oxn	ard	CA	93030		na na postane de la compositorio d
4. Type of Committee Complete the applicable sections.						
Controlled Committee						
<ul> <li>List the name of each controlling officeholder, candidate, or state m district number, if any, and the year of the election.</li> </ul>	easure p	proponent. If candidate or offic	eholder c	ontrolled, also list the ele	ctive office sought or he	ld, and
<ul> <li>List the political party with which each officeholder or candidate is a</li> </ul>	affiliated	or check "nonpartisan."				
<ul> <li>If this committee acts jointly with another controlled committee, lis</li> </ul>	t the nai	me and identification number of	f the othe	r controlled committee.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HEL (INCLUDE DISTRICT NUMBER IF APPLIC	YEAR OF ELECTION	PARTY		
	KARAKOWANIE-KARI	ergida ficial (culturus) beekeelikeelikeelikeelikeelikeelikeelike	**************************************		Nonpartisan	
			yaş i çeni ildi direde veş dire ildi seni il	angun taning ang ang ang ang ang ang ang ang ang a	☐ Nonpartisan	
Primarily Formed Committee Primarily formed to support or opp	ose spec	cific candidates or measures in a	single ele	ection. List below:	and the state of t	
CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION  (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)						
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	- Tallian Control of the Control of	Secretary the Control of the Control			SUPPORT	OPPOSE

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